

# STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME: Cottonwood Hills RDF

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>480V Feeder to Flare Skid Failed. Only have Single Phase Power. Scheduled Repairs.</u>	

## Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input type="checkbox"/> Shutdown					<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		<u>1.4.16 / 1616</u>	<u>0.2</u>		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Malfunction	<u>1.2.16 / 0732</u>		<u>44.7</u>		Complete Section 3 Below	

\* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan  
 \*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>	<input checked="" type="checkbox"/>	
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		<input checked="" type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)	<input checked="" type="checkbox"/>	
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>	<input checked="" type="checkbox"/>	
5.	Contact qualified personnel or resource: a. Record contact name, date and time: <u>Wissehr Electric 1.2.16 0900</u> b. Contact site representative with information recorded in #5.a.	<input checked="" type="checkbox"/>	
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>	<input checked="" type="checkbox"/>	
8.	Contact other qualified resource: a. Record contact name, date and time: <u>Wissehr Electric 1.2.16 0900</u> b. Contact site representative with information recorded in #8.a.	<input checked="" type="checkbox"/>	
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.	<input checked="" type="checkbox"/>	
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.	<input checked="" type="checkbox"/>	
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input checked="" type="checkbox"/>	

Signature: [Signature]



# STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME:

Cottonwood Hills RDF

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input checked="" type="checkbox"/>	Gas Mover Equipment - describe:
<input checked="" type="checkbox"/>	Monitoring/Recording Equipment - describe: <u>Yokogawa chart recorder</u>
Comments: <u>Data loss due to power loss.</u>	

## Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input type="checkbox"/> Shutdown					<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		<u>1-4-16 / 1212</u>	<u>0.2</u>		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Malfunction	<u>1-4-16 / 1026</u>		<u>1.8</u>		Complete Section 3 Below	

\* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

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## Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>	<input checked="" type="checkbox"/>	
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		<input checked="" type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>		<input checked="" type="checkbox"/>
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>	<input checked="" type="checkbox"/>	
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5.a.		<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		<input checked="" type="checkbox"/>
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a.		<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.	<input checked="" type="checkbox"/>	
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.	<input checked="" type="checkbox"/>	
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input checked="" type="checkbox"/>	

Signature: [Signature]



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Section 1 - GCCS Components and Comments

SITE NAME: Cottonwood Hills RDF

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>NEW 480V LINES PULLED FOR FLARE</u>	

## Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input type="checkbox"/> Shutdown					X	
<input checked="" type="checkbox"/> Startup		1-6-16 / 1336	0.2		X	
<input checked="" type="checkbox"/> Malfunction	1-4-16 / 1736		44.0		Complete Section 3 Below	

\* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>	X	
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>	X	
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>	X	
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>	X	
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5.a.	X	
6.	Start malfunction diagnosis.	X	
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>	X	
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a.	X	
9.	Fix the malfunction.	X	
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.	X	
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	X	
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.	X	
13.	If the procedures listed above were not followed, contact the site engineer immediately.	X	

Signature: [Signature]



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Section 1 - GCCS Components and Comments

SITE NAME: Cottonwood Hills RDF

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Pulled &amp; cleaned Flow meter.</u>	

## Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	1.10.16 / 0914		1.6		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		1.10.16 / 1048	0.2		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

\* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>		
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5.a.		
6.	Start malfunction diagnosis.		
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a.		
9.	Fix the malfunction.		
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
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Signature: [Signature]



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## Section 1 - GCCS Components and Comments

SITE NAME: Cottonwood Hills RDF

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Ran out of Nitrogen</u>	

## Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	<u>1-10-16 / 1056</u>		<u>1.6</u>		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		<u>1-10-16 / 1236</u>	<u>0.2</u>		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

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\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
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7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a.		
9.	Fix the malfunction.		
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: [Signature]

WM01831



# STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME: Cottonwood Hills RDF

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Cleaned Flow meter probe &amp; Inspected Condensate Sump.</u>	

## Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	<u>1.17.16 / 0950</u>		<u>1.30</u>		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		<u>1.17.16 / 1108</u>	<u>0.2</u>		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

\* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>		
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5.a.		
6.	Start malfunction diagnosis.		
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a.		
9.	Fix the malfunction.		
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
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Signature: [Signature]



# STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME: Cottonwood Hills RDF

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Pulled Flame Arrestor &amp; Blower maintenance</u>	

## Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	1.22.16/0446		7.8		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		1.22.16/1238	0.2		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

\* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

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## Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>		
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		
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8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a.		
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10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
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Signature: [Signature]



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## Section 1 - GCCS Components and Comments

SITE NAME: Cottonwood Hills RDF

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Loss of Flame due to winds.</u>	

## Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	2-24-16 / 1504		4.0		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		2-24-16 / 1906	0.2		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

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Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
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Signature: [Signature]



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Section 1 - GCCS Components and Comments

SITE NAME: Cottonwood Hills RDF

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Lost Flame because of high winds</u>	

## Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	3.15.16 / 2122		3.2		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		3.16.16 / 1236	0.2		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

\* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>		
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5.a.		
6.	Start malfunction diagnosis.		
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a.		
9.	Fix the malfunction.		
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: [Signature]



# STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME: Cottonwood Hills RDF

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>GCCS Lateral Repair</u>	

## Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	4.15.16/0908		1.4		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		4.15.16/1032	0.2		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

\* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>		
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5.a.		
6.	Start malfunction diagnosis.		
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a.		
9.	Fix the malfunction.		
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: [Signature]



# STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME: Cottonwood Hills RDF

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Cube Relay issue, Prevented Auto-Restart.</u>	

## Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	<del>6-18-16 / 0814</del>				X	
<input checked="" type="checkbox"/> Startup		6-18-16 / 1236	0.2		X	
<input checked="" type="checkbox"/> Malfunction	6-18-16 / 0814		4.4		Complete Section 3 Below	

\* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>	X	
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>	X	
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>		X
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		X
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5.a.		X
6.	Start malfunction diagnosis.	X	
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		X
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a.		X
9.	Fix the malfunction.	X	
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.	X	
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	X	
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.	X	
13.	If the procedures listed above were not followed, contact the site engineer immediately.		X

Signature: [Signature]

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# STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME: Cottonwood Hills RDF

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Pilot Ignitor Failure, Prevented Auto-Restart.</u>	

## Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input type="checkbox"/> Shutdown					X	
<input checked="" type="checkbox"/> Startup		<u>6.30.16/2048</u>	<u>0.1</u>		X	
<input checked="" type="checkbox"/> Malfunction	<u>6.30.16/1244</u>		<u>7.95</u>			

Complete Section 3 Below

\* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>	X	
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>	X	
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>		X
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		X
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5.a.		X
6.	Start malfunction diagnosis.	X	
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		X
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a.		X
9.	Fix the malfunction.	X	
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.	X	
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	X	
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.	X	
13.	If the procedures listed above were not followed, contact the site engineer immediately.		X

Signature: [Signature]